



State of Illinois

**Calendar Year 2010 Fire Marshal Tax Return for Farm Mutuals**

Illinois Department of Insurance  
P.O. Box 7087  
Springfield, IL 62791

**Payable: March 31, 2011 for Direct Business During the Calendar Year 2010**

**Web Site: [www.insurance.illinois.gov](http://www.insurance.illinois.gov) (Department Links>Industry>Company Information>Tax Forms)**

Federal Employer Identification Number: \_\_\_\_\_

By the \_\_\_\_\_ Insurance Company

of \_\_\_\_\_  
Street and Number City State Zip Code

**For the year ending the last day of December, 2010 as required by "425 ILCS 25/12" of the Illinois Compiled Statutes.**

**Worksheet on reverse side must be completed first**

1. Net amount of taxable premiums from Line 3 on back ..... \$ \_\_\_\_\_
2. Tax due (1% of Line 1) ..... \$ \_\_\_\_\_
3. Fire Marshal Tax Credit (deduct prior year overpayment, if any) ..... \$ \_\_\_\_\_
4. Amount of tax paid (subtract Line 3 from Line 2) ..... \$ \_\_\_\_\_
5. Penalty for failure to file tax statement (\$400/month or 10% of tax, whichever is greater) ..... \$ \_\_\_\_\_
6. Penalty for failure to pay tax (10% of tax due) ..... \$ \_\_\_\_\_
7. Interest on tax paid after due date (IRS rate during tax period, 12% minimum) ..... \$ \_\_\_\_\_
8. Total penalty and interest (add Lines 5 through 7) ..... \$ \_\_\_\_\_
9. Balance due (Line 4 plus Line 8) ..... \$ \_\_\_\_\_

**You must complete and return this tax return, even if no tax is due.**

The undersigned President and Secretary of the \_\_\_\_\_ Insurance Company, being duly sworn upon their oaths say that the foregoing report and the statements contained therein and each and every one of them are true and correct.

Secretary's signature \_\_\_\_\_ Date \_\_\_\_\_

President's signature \_\_\_\_\_ Date \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Remittance should be payable to **Illinois State Treasurer** and mailed with the completed tax return to: Illinois Department of Insurance, P.O. Box 7087, Springfield, Illinois 62791. File only one original copy. The official filing date is the U.S. Postal date per 50 Ill. Adm. Code 2500.60.

**Important Notice:** Disclosure of this information is **required** under the Illinois Compiled Statutes' insurance laws. Failure to provide this information could result in a fine. This form has been approved by the Forms Management Center.

# Illinois Fire Marshal Tax Worksheet

Calendar Year 2010

FEIN #: \_\_\_\_\_

Name of Company: \_\_\_\_\_

	Line of Business	Premiums Written	Percentage Applicable	Taxable Premium
1.	*Fire and Allied Lines	_____	75%	_____
2.	**Wind	_____	1%	_____
3.	Total Taxable Premiums (carry forward to Line 1 reverse side)	_____		_____
4.	Fire Marshal Tax Rate	_____		X 1%
5.	Fire Marshal Tax (carry forward to Line 2, reverse side)	_____		_____

\* The amount shown on Line 1 above **must be identical** to the amount shown on Page 17, Column 2 of the current year Annual Statement on the Fire and Extended Coverage Lines.

\*\* Does the company include crop hail premium on Page 17, Column 2 of the current year Annual Statement on the Wind Line? If so, the amount shown on Line 2 above **must be identical** to the amount shown on Page 17, Column 2 of the current year Annual Statement on the Wind Line; otherwise, leave Line 2 above blank.